IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 105397 PIN# ~~4649-75-0566.12~~ 4649-65-2247 DATE August 9, 02

OWNER OR CONTRACTOR Pinnacle Properties / JACKIE CARVER PHONE: Business _____ Home _____

ADDRESS 1709 S. Main, Kannapolis, N.C. 28081

LOCATION 115-21N TL Flower House Loop TL Rankin Hill Rd TR Ty-Lin Way at end on Right 148 TY LIN WAY

SUBDIVISION Magic Forest BLOCK / SECTION 3 LOT 12 LOT AREA .78AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 centerfed Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

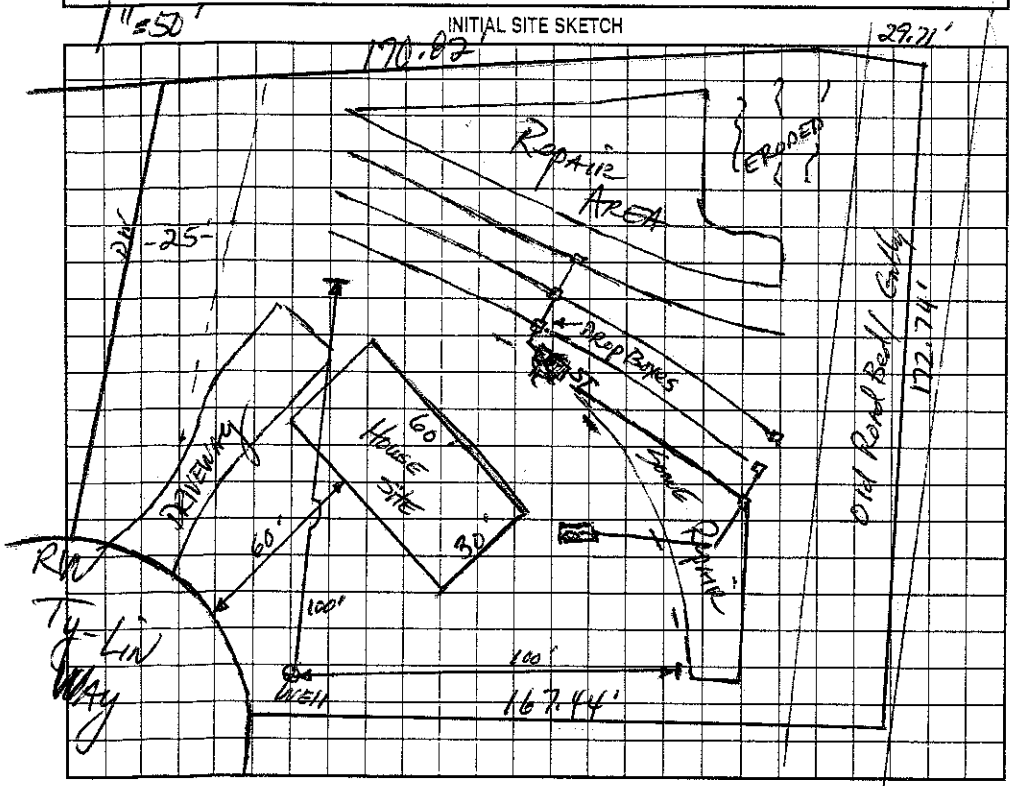
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Tank location changed to K'd 9/29/03

Comments/Conditions: Infiltrator installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 8-16-02 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 8-9-02 Operation Permit by: Wesley Sparkes R.S. date 9/29/03

Authorization to Construct by: _____ date 8/7/03 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK